

**State Of New Hampshire  
Bureau Of Emergency Medical Services  
Request For Examination**

***Please note that all exams are subject to New Hampshire Bureau of Emergency Medical Services approval.***

Bureau of EMS Course No.: \_\_\_\_\_ Region: \_\_\_\_\_

Practical Examination date/time requested (list 3 choices):

1<sup>st</sup>. \_\_\_\_\_ beginning at \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ beginning at \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_ beginning at \_\_\_\_\_

Location: \_\_\_\_\_ Facility: \_\_\_\_\_

Type of Exam: \_\_\_\_\_ First Responder \_\_\_\_\_ EMT-Basic No. of Students: \_\_\_\_\_

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Written Examination date/time requested (list 3 choices):

1<sup>st</sup>. \_\_\_\_\_ beginning at \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ beginning at \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_ beginning at \_\_\_\_\_

Location: \_\_\_\_\_ Facility: \_\_\_\_\_

Type of Exam: \_\_\_\_\_ First Responder \_\_\_\_\_ EMT-Basic No. of Students: \_\_\_\_\_

NH I/C: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

***This request is to be submitted to the Bureau Field Office 30 days prior to the exam date. All documentation of student eligibility must be provided a minimum of 5 days prior to the exam date.***

\_\_\_\_\_  
NH Bureau of EMS (Signature)

\_\_\_\_\_  
Date approved

C&E Schedule \_\_\_\_\_

03/15/2006